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GASTRO-INTESTINAL SARCOMA

HYMAN I. GOLDSTEIN, M.D.,
ASSISTANT IN MEDICINE, GRADUATE SCHOOL OF MEDICINE, UNIVERSITY OF PENNSYLVANIA, PHILA., PA.
Camden, N. J.

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Sept., Oct., Nov., 1921.

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Endocarditis and Meningitis (Pneumococcic)

Report of Cases and Review of Literature

HYMAN I. GOLDSTEIN, M.D.

ADJUNCT ATTENDING PHYSICIAN AND CHIEF OF THE MEDICAL DIAGNOSTIC CLINIC, MOUNT SINAI HOSPITAL, PHILADELPHIA; ASSISTANT VISITING PHYSICIAN, PHILADELPHIA GENERAL HOSPITAL; ASSISTANT VISITING PHYSICIAN AND CHIEF OF MEDICAL CLINIC, NORTHWESTERN GENERAL HOSPITAL, PHILA.,

Camden, New Jersey

and

HENRY ZUCKERMAN GOLDSTEIN, M.D.

RESIDENT PHYSICIAN, MOUNT SINAI HOSPITAL,

New York City

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(I.) Goldstein's Heredofamilial Angiomatosis with Recurring Familial Hemorrhages (Rendu-Osler-Weber's Disease)

HYMAN I. GOLDSTEIN, M.D.
CAMDEN, N. J.

Reprinted from the Archives of Internal Medicine
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Hereditary Multiple Telangiectasia

GOLDSTEIN'S HEREDOFAMILIAL ANGIOMATOSIS WITH FAMILIAL HEMORRHAGES OR RENDU-OSLER-WEBER'S DISEASE

HYMAN I. GOLDSTEIN, M.D.
CAMDEN, N. J.

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1931-1932

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Recent Advances in Treatment

with Historical Notes

HYMAN I. GOLDSTEIN, M. D.
Camden, New Jersey

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Read by title before the Medical Society of Delaware, Lewes, September 27, 1932.
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1942
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PERNICIOUS ANEMIA ALTERNATING WITH POLYCYTHEMIA (POLYGLOBULIA)

HYMAN I. GOLDSTEIN, M.D.
Camden, N. J.

Since Maurice Perrin [Arch. Gen. de Méd. **199**:159, 1908] of Nancy, noted that liver therapy in cirrhosis of the liver improves the liver damage and the blood, and may even give rise to erythremic response (hyperglobulia) in some cases, a number of instances of erythremia (erythrocytosis or polyglobulia) have been recorded in the literature, following liver therapy in Combe-Biermer-Addisonian anemia.

("La régénération hépatique s'est accompagnée d'autre part d'une réparation sanguine très nette et complète, et même d'une tendance a l'hyperglobulie.")

Ferrary's report of alternating pernicious anemia and polycythemia (polyglobulia) in the J. Med. Society of N. J. **39**:19-20, (January), 1942, is unique and most interesting.

Similar cases were previously reported by G. A. Birnie, of Melbourne, Australia [Medical Journal of Australia, **23**:11, 498, October 10, 1936, (Sydney)], Émile-Weil et Boic [Le Sang (Paris) **6**:685-690, 1932, and discussions], F. Hegler (Vienna), [Klin. Wochens., **9**:2052-2058, Nov. 1, 1930 (see pages 2054-2056)], Jakob Pal (Vienna), [Lancet (London) 2:1315, Dec. 17, 1927.], Julius Bauer, [Wien. Klin. Wochens., **44**:656, May 15, 1931], Koessler and Maurer [J.A.M.A., **89**:768-774, Sept 3, 1927], Freund (1919), F. Parkes Weber of London, (1921, 1927; 1929 with O. B. Bode), and others. Koessler and Maurer in their article, on page 771, second column, mention a case who had had his third attack,—after treatment for three months, showed R.B.C. 6,200,000 and hemoglobin 21.7 gm. or 127. per cent.

In personal communications addressed to the author similar cases were reported to him as having been treated by N. Rosenthal, hematologist, of Mt. Sinai Hospital, New York City, William Dameshek of Boston, and Samuel Weiss, of the New York Polyclinic Hospital.

The writer saw a similar case in 1929, while working with Professor Pal at the Vienna Allgemein. Krankenhaus.

George R. Minot (Boston) in a letter to the author states that "I do not think that patients with pernicious anemia will develop polycythemia with a return of free hydrochloric acid in the gastric contents".

W. B. Castle (Boston City Hospital) writes "The only suspicion of erythrocytosis in connection with the therapy of pernicious anemia which I have observed is the occasional patient who, before the hemoglobin reaches a normal value, may have transiently a red blood cell count of 5½ to 6 million. I take it that this is not, however, polycythemia because of the normal or subnormal hemoglobin value.

"I was much interested in Birnie's report and consider that his patient represented a chance association between whatever factors make for polycythemia vera and whatever factors make for pernicious anemia. The remission produced in the pernicious anemia by adequate liver therapy allowed the polycythemia to express itself.

"So far as I know, it is impossible to raise the red count or the hemoglobin above normal in normal individuals by liver extract or iron therapy, so that I consider it unlikely that the status of the gastric secretion bears any relationship to the development of polycythemia, with the single exception that so far as

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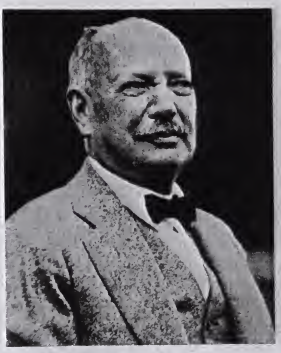
Max Einhorn, M. D.

HYMAN I. GOLDSTEIN, M.D.*
CAMDEN, NEW JERSEY

DOCTOR EINHORN was born January 10, 1862, in Suchowol, a small town near Grodno (Russia, later Poland), son of Abraham and Sara Einhorn. He attended Friedrich-Wilhelm Gymnasium, later (1879) he entered the government gymnasium in Riga. He was enrolled as a medical student in St. Wladimir University in Kiev. In 1881 he continued his studies in Friedrich-Wilhelm University in Berlin, where he met R. Virchow (1821-1902), H. L. F. Helmholtz (1821-1894), Salkowski (1844-1923), Leyden (1832-1910), H. Senator (1834-1911), v. Bergmann (1836-1907), and Paul Ehrlich (1854-1915). In the Frerichs Clinic, under Ehrlich, Einhorn (1883) did some experimental work on diabetes mellitus (with frogs). Doctor Einhorn received his doctor's diploma (magna cum laude) in March 1884 and in April 1885 he was licensed to practice medicine in Germany. During August and September, 1884, he served as ship's physician on the "S.S. Katie" (Stettin-Lloyd), which brought him to Halifax and New York. It was during his first (1884) brief visit to New York City that he met Dr. Samuel James Meltzer (1851-1920). He then returned to Berlin to pass his examinations for State License which he received in April, 1885. In June, 1885, Doctor Einhorn arrived in New York and engaged in general practice in Harlem. In October, 1885, he became connected with the German Hospital (Lenox Hill Hospital) as house physician in the division of internal medicine, and physician in the German Dispensary. At this time he met Abraham Jacobi (1830-1919), Carl Lellman, Langmann and Conrad.



Max Einhorn, M.D.

Doctor Einhorn was married to Flora Strauss of New York on March 30, 1892. It was in 1887, fifty-five years ago, when Einhorn began to specialize in gastrointestinal diseases. In March, 1888, he visited the clinic of Carl Anton Ewald (1845-1915), in Berlin, and worked with him for four months. He returned to New York in August, 1888, when he became assistant to Dr. J. Rudisch, who took over the practice of Abraham Jacobi (1830-1919), and thus Einhorn was given the rare opportunity of meeting

*Chairman of the Section on Gastroenterology, State Medical Society of New Jersey (1940); President of the New Jersey Gastroenterological Society (1941).

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Ulcer and Cancer of the Stomach in the Middle Ages

(Avenzoar, Averroës, Franciscus of Piedmont, Benivieni)
HYMAN I. GOLDSTEIN, M.D.
CAMDEN, NEW JERSEY

Averrhoës (1126-1198). Avenzoar of Seville (1090-1162). Antonius Benivieni (1443-1502).

DIOCLES of Carystos (fl. *ca.* 350-310 B.C.?) described the *clinical symptoms of ulcer of the stomach.* Diocles was born in Carystos, on the island of Euboea, the son of Archidamus, a physician. Galen (130-200 A.D.) quotes Diocles [Galeni de affectorum locorum notitia, libri sex, Guilielmo Copo Basileiensis interprete, Paris, Henricus Stephanus, 1513. Liber III, Cap. VI, De Melancholia, f. 58 verso and f. 59:] "Verum satis mihi fuerit, ea accidentia percurrere, quae a Diocle praescripta sunt, in libro cui titulus est, affectio, causa, curatio, in quo Diocles ad verbum ita scripsit: Porro alius oritur a ventriculo morbus . . ." "Item ructus *acidus,* flatus, aestus in praecordiis, fluctuatio non illico, sed cum retinuerint interdum ventriculi quoq; vehementes

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THE MEDICAL WAY

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Vol. 6, No. 5 CLARENCE W. WAY, M. D., *Editor* *May, 1944*

Pernicious Anemia Alternating With Polycythemia (Polyglobulia)

By HYMAN I. GOLDSTEIN, M. D.
CAMDEN, N. J.

FERRARY'S report of alternating pernicious anemia and polycythemia (polyglobulia) in the J. Med. Society of N. J. 39: No. 1, 19-20, January, 1942, is unique and most interesting.

May I state, however, that a similar case was previously reported by G. A. Birnie, of Melbolrne, Australia [Medical Journal of Australia 23:11, 498, October 10, 1936 (Sydney)]. Ferrary mentions the reports by Gingold (1939), Adamson and Storey (May, 1940), and the interesting case report by Geriola (November, 1939) of erythremic response to liver therapy for pernicious hemolytic anemia. He overlooked the case reports by Birnie (1936), Julius Bauer (1939), Jakob Pal (1927), Koessler and Maurer (September 3, 1927, J. A. M. A.), Emilie Weilet Boic (1932), F. Hogler (1930), and the reported (1912) experimental work by Alfonso Pirera, of Naples, and others!

The writer saw such a case in 1929 while working in the General Hospital, Vienna, with Professor Jakob Pal.

G. Lami (August, 1939) has demonstrated increased reticulocytogenic power of gastric juice of normal individuals after parenteral administration of hepatic extracts.

Boccuzzi and Paolino (April-June, 1939) have discussed the importance of the thyroid in the mechanism of the action of hepatotherapy.

Endocrine disturbances have been shown, at times, to be associated with polycythemia, Serafini's case (October, 1940) of polyglobulia had diabetes insipidus.

Cobalt polycythemia is recognized [J. M. Orten (February 3, 1941); Saviano and Michelazzi (December, 1940)].

Ferrary's patient had diabetes. Her occupation or possible exposures to cobalt or other similar substances is not noted. Her thyroid (B. M. R.) is not mentioned.

Of course, it is now well established that leukemia may alternate or follow upon polycythemia. [E. Schwarz, (1939); L. Kellman, July (1939); M. Gerundo Patrassi, G & Crepet, M. of Florence (1939)]. Rosin of Berlin (Nov. 15, 1908); Herxheimer of Wiesbaden (Nov. 18, 1913); Brieger and Forschbach of Breslau (April 22, 1922) reported cases of polycythemia which terminated with all the typical features of myelogenous leukemia.

Minot and Buckman (Am. J. Med. Scs. 166: No. 4, 469-488, October, 1923) mention such a case in a man.

Patients with typical leukemia may develop a definite polycythemia—as reported by K. Winter (1908) and M. Ghiron (1922).

Henry A. Christian (Med. Clinics of North America 8: No. 5, 1403-1409, March, 1925) long ago noted the clinical similarities between patients with pernicious anemia and those with polycythemia. Two such diametrically opposite blood conditions give rise to very similar symptoms including weakness, fatigue, dyspnoea, disturbances of the gastro-intestinal tract and heart action, paresthesias, pains in the limbs, coronary attacks (thrombosis in polycythemia), and even angina pectoris (in pernicious anemia).

Christian (1925) suggests "that there may be some fundamental similarity other than a similarity in symptomatology between polycythemia and pernicious anemia."

Piastrinemia (thrombocytothemia or thrombocytosis and megacaryocythemia or megacaryocytosis)—blood flooded with megacaryocytes

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THE MEDICAL WAY

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Vol. 7, No. 3

CLARENCE W. WAY, M. D., *Editor*

April, 1945

Relation of the Anemias to Gastro-Intestinal Disease and Disturbances of the Nervous System

By HYMAN I. GOLDSTEIN, M. D.

CAMDEN, NEW JERSEY

THE occurrence of severe anemia in disease of the liver and of the gastro-intestinal tract not infrequently makes the question of treatment one of considerable importance. Clinicians have for many years recognized the occurrence of anemia in sprue, cirrhosis of the liver, benign and malignant obstruction of the bowel, ulcerative colitis, parasitic infestation, and vitamin deficiency (nutritional anemia).

The early use of liver by the French and the Italians is of historical interest.

Since ancient times, liver from various sources has been used as a specific in the treatment of hemeralopia (wrongly termed nyctalopia) or night blindness. Today we know that vitamin A deficiency causes hemeralopia, and H. Jeghers, of Boston, has recently carried out some very interesting experiments with students, showing rapid improvement following the administration of vitamin A, which is contained in some animal and fish livers in rich amounts.

Jerome Cardan (1501-1576), the noted Milan physician, treated the very sick and long-suffering Archbishop, John Hamilton, of Edinburgh, during the summer of 1552 for his severe asthma, anemia, loss of weight, and respiratory infection. Cardan ordered the Archbishop to get rid of all feather pillows and bedding, leather or skin covers, and to avoid rose perfume, and henceforth to sleep only on pillows filled with unspun silk ("ex stupa serici") or seaweed and straw and linen covers, and by no means to use feather pillows! Cardan further advised his patient to *eat fowl liver every morning* at nine o'clock breakfast ("epar pulli"). The Archbishop was restored to health!

Sir Aldo Castellani (now of London; born 1876) and Sir Patrick Manson (1844-1922) used liver and liver-soup in the treatment of sprue and sprue-anemia for many years.

Pietro Francesco Castellino (1864-1933), of Naples, before the German Congress on Internal Medicine at Leipzig in 1892, urged the use of liver and told of his happy results with it in the anemia of tuberculosis.

Alfonso Pirera (born Feb. 16, 1877, at Avellino), working in Castellino's Clinic (Naples), bled dogs and rabbits to various degrees of anemia and then fed them liver, and to others he gave brain and iron, etc. Pirera (1910-1912) also used liver injections, subcutaneously, intravenously, and intraperitoneally, and found remarkable stimulation not only of erythropoiesis but also of leukopoiesis, particularly of the granulocytes. C. S. Engel, of Berlin, also found (1898) that his preparation of fetal hog organ tissue extract ("sanguinoform") of liver and stomach, etc., stimulated erythropoiesis and the formation of granulocytic cells! Now we use liver extract in malignant neutropenia (agranulocytosis or agranulocytic angina).

J. Runneberg (Deutsch. Arch. f. klin. Med. *28*:499, 1881) attempted to show an etiologic relationship of Dibothriocephalus latus infestation to pernicious anemia, as did later O. Schaumann (Zur Kenntnis der sogenannten Botriocephalusanamie, Berlin, 1894).

William Pepper (1843-1891) (Am. J. Med. Scs. *70*:313, October, 1875) first described the changes in the bone marrow in pernicious anemia.

Samuel Ashwell (Guy's Hosp. Reports, I: p. 529, 1836) discussed several cases of anemia, and recommended fresh air, a strengthening diet, with an iron tonic.

Gabriel Andral (Essai D'Hematologie Pa-

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September 1945, Vol. 52, p. 185

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THE USE OF METHENAMINE IN DERMATOLOGY

To the Editor:—Dr. Erich Urbach, of Philadelphia, in his letter on "Erythema Multiforme: Its Relationship to Herpes Simplex" in the ARCHIVES (**51**:228 [March] 1945) suggests the use of methenamine to shorten the course of herpes labialis and erythema multiforme. He mentions a case (with photograph) in his book on allergy (New York, Grune & Stratton, Inc., 1943, p. 902) of the occurrence of both herpes labialis and erythema multiforme in the same patient.

Since a noted dermatologist and allergist from a great medical center writes a special letter concerning his successful treatment of herpes and erythema multiforme with methenamine, readers of the letter may assume that this is a new form of treatment, as no references to previous reports of its use are included in Dr. Urbach's letter.

May I call attention to the early reports on the use of methenamine in the therapy of herpes labialis, herpes zoster and erythema multiforme? In 1929, while I was doing postgraduate work in Vienna, and again in 1931 and 1932, my friends Dozent Stephan Robert Brünauer and Prof. Maurice Oppenheim suggested to me the value of methenamine in the treatment of these dermatologic diseases. Alfred Perutz (1930), of Vienna; O. Hitschmann (1926); Kotiers (1931), of Vienna; Otto Sachs (1912, 1916, 1919); Chlamow (Russian); Walthier Schönfeld (1928), of Greifswald; Häuer (1931), of Nienburg; R. von Leszczynski (1931); Coglievina (1924); H. I. Goldstein (1929, 1930, 1931), of Camden, N. J.; Brünauer; Oppenheim, and C. J. White have previously reported the use of methenamine in the treatment of dermatologic diseases, including herpes zoster, erythema multiforme and erythema nodosum, pemphigus (von Leszczynski) and trichophytic infection (O. Sachs). C. J. White found hexamethylenamine helpful in the treatment of erythema multiforme.

This is a matter of rendering "unto Caesar the things which are Caesar's." I am appending here pertinent references to the literature. I might add here that I reported 2 cases of streptococcic sore throat with erythema multiforme and erythema nodosum treated with methenamine (long before the days of penicillin, streptomycin and the sulfonamide compounds!) at the thirty-second annual meeting of the American Therapeutic Society, held in Atlantic City, N. J., June 5, 1931, and before the Camden (N. J.) County Medical Society (1930).

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HYMAN I. GOLDSTEIN, M.D., Camden, N. J.

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The Discovery of the Roentgen Rays

The Contribution of Wilhelm Konrad Roentgen to Science

HYMAN I. GOLDSTEIN, M.D.
CAMDEN, NEW JERSEY

SINCE the early days of the seventh century B.C., when the Greek philosopher Thales (circa. 640–548?) of Miletus, chief of the Seven Sages of Greece, became one of the earliest pioneers of science, have we wondered what electricity is? Thales laid the basis of physics, founded astronomy, and discovered (frictional) electricity and magnetism when he rubbed a piece of amber (fossil resin, *elektron*), attracting bits of cloth and feathers. He was the father of Greek philosophy and the discoverer of electricity. It was Thales who, according to Aristotle (384–322 B.C.), made the first attempt to estab-

Fig. 1.—Thales (ca. 640 B.C.?–548 B.C.)

Fig. 2—(Left) Luigi Galvani (1737–1798); (Right) Alessandro Volta (1745–1827)

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A CENTURY OF MEDICINE

1846-1946

HYMAN I. GOLDSTEIN, M. D.
Camden, N. J.

The rapid progress made in medicine during the century of the existence of the Northern Medical Association of Philadelphia, has probably been as noteworthy as the progress made in other forms of pure and applied science, biochemistry, and surgery. The changes and advancements in the theory and practice of medicine have been profound and progressively revolutionary in character. When we consider the condition of hospitals in the fourth, fifth and sixth decades of the nineteenth century, with their repulsive odors, their vermin and lack of sanitary facilities, and compare them with the hospitals and "hospital-hotels" of today, we realize the great advancement and improvement that has been made in the care of hospitalized patients, both ward and private!

About the time of the founding of the Northern Medical Association of Philadelphia, ether anesthesia became known. A century ago, the cautious and inquiring William T. G. Morton (1819-1868), a dentist, made his purchase of ether from James Burnett, a well-known drug dealer. He discussed the nature and uses of ether with Theodore Metcalf, a druggist, Joseph M. Wightman, maker of chemical supplies, Dr. Charles T. Jackson, with whom Morton studied medicine, and Horace Wells (1815-1848), who had used nitrous oxide gas (with G. S. Colton) in December 1844, at Hartford. Robert Liston (1794-1847), of London, tried "this Yankee dodge, for making men insensible". He unfortunately died a year later of a ruptured aortic aneurysm.

It should be recalled that Crawford W. Long (1815-1878), of the University of Pennsylvania, on March 30, 1842, administered ether to a patient by the name of James M. Venables, for the removal of

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